

<i>SERFF Tracking Number:</i>	<i>LMUG-125482240</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Liberty Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>LUMF-CW-001-08</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Commercial Umbrella</i>		
<i>Project Name/Number:</i>	<i>TRIA 2007 Forms /LUMF-CW-001-08</i>		

Filing at a Glance

Companies: Liberty Insurance Corporation, Liberty Mutual Fire Insurance Company, Liberty Mutual Insurance Company, LM Insurance Corporation, The First Liberty Insurance Corporation

Product Name: Commercial Umbrella	SERFF Tr Num: LMUG-125482240	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$20
Sub-TOI: 17.0020 Commercial Umbrella & Excess	Co Tr Num: LUMF-CW-001-08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Michelle Skidmore	Disposition Date: 02/22/2008
	Date Submitted: 02/14/2008	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: TRIA 2007 Forms	Status of Filing in Domicile:
Project Number: LUMF-CW-001-08	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CU-2007-OTRL1
Reference Title: TERRORISM RISK INSURANCE PROGRAM	Advisory Org. Circular: CU-2008-007
Filing Status Changed: 02/22/2008	
State Status Changed: 02/22/2008	Deemer Date:
Corresponding Filing Tracking Number: LUMR-CW-001-08	
Filing Description:	
RE: COMMERCIAL UMBRELLA COVERAGE PART	
TERRORISM RISK INSURANCE PROGRAM	
REAUTHORIZATION ACT OF 2007	
ISO Forms Ref # CU-2007-OTRL1	

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: Commercial Umbrella
Project Name/Number: TRIA 2007 Forms /LUMF-CW-001-08

Project # LUMF-CW-001-08

Liberty Mutual Insurance Company NAIC-0111-23043

Liberty Mutual Fire Insurance Company NAIC-0111-23035

LM Insurance Corporation NAIC-0111-33600

The First Liberty Insurance Corporation NAIC-0111-33588

Liberty Insurance Corporation NAIC-0111-42404

The captioned companies file to adopt ISO's revised Terrorism Forms (ISO Forms Ref # CU-2007-OTRL1) with respect to the Terrorism Risk Insurance Program Reauthorization Act of 2007. We are affiliated with ISO for Commercial Umbrella however they do not file on our behalf for this line of business.

For your reference, please be advised that the corresponding policywriting rules pertaining to this filing (ISO Rules Ref #CL-2007-RTRL1) has been submitted as a separate filing under project #LUMR-CW-001-08.

We are requesting an effective date of Upon Approval for new and renewal business.

If you should have any questions or concerns please feel free to contact me. Your review and acknowledgment/approval of this submission is appreciated.

Sincerely,

Michelle Skidmore
State Filings Analyst/Ratemaking-Actuarial
Liberty Mutual Group
PO BOX 8070
Wausau WI 54402-8070
(877) 792-8728 Ext. 3203
Fax: (715) 842-6828
Michelle.skidmore@Wausau.com
Enclosure

<i>SERFF Tracking Number:</i>	<i>LMUG-125482240</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Liberty Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
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Company and Contact

Filing Contact Information

Michelle Skidmore, State Filing Analyst	Michelle.Skidmore@Wausau.com
P.O. Box 8070	(877) 792-8728 [Phone]
Wausau, WI 54402-8070	(715) 842-6828[FAX]

Filing Company Information

Liberty Insurance Corporation	CoCode: 42404	State of Domicile: Illinois
PO BOX 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 03-0316876	

Liberty Mutual Fire Insurance Company	CoCode: 23035	State of Domicile: Wisconsin
PO Box 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 04-1924000	

Liberty Mutual Insurance Company	CoCode: 23043	State of Domicile: Massachusetts
PO Box 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 04-1543470	

LM Insurance Corporation	CoCode: 33600	State of Domicile: Iowa
PO Box 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 04-3058504	

The First Liberty Insurance Corporation	CoCode: 33588	State of Domicile: Iowa
PO Box 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 04-3058503	

Filing Fees

SERFF Tracking Number: *LMUG-125482240* *State:* *Arkansas*
First Filing Company: *Liberty Insurance Corporation, ...* *State Tracking Number:* *EFT \$20*
Company Tracking Number: *LUMF-CW-001-08*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0020 Commercial Umbrella & Excess*
Product Name: *Commercial Umbrella*
Project Name/Number: *TRIA 2007 Forms /LUMF-CW-001-08*

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20 for Adoption of Bureau Form Filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Insurance Corporation	\$20.00	02/14/2008	17974072
Liberty Mutual Fire Insurance Company	\$0.00	02/14/2008	
Liberty Mutual Insurance Company	\$0.00	02/14/2008	
LM Insurance Corporation	\$0.00	02/14/2008	
The First Liberty Insurance Corporation	\$0.00	02/14/2008	

SERFF Tracking Number:	LMUG-125482240	State:	Arkansas
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TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0020 Commercial Umbrella & Excess
Product Name:	Commercial Umbrella		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		02/22/2008	02/22/2008

SERFF Tracking Number:	LMUG-125482240	State:	Arkansas
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TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0020 Commercial Umbrella & Excess
Product Name:	Commercial Umbrella		
Project Name/Number:	TRIA 2007 Forms /LUMF-CW-001-08		

Disposition

Disposition Date: 02/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: LMUG-125482240 State: Arkansas
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Company Tracking Number: LUMF-CW-001-08
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: Commercial Umbrella
Project Name/Number: TRIA 2007 Forms /LUMF-CW-001-08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Expedited Filing Transmittal	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>LMUG-125482240</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Liberty Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
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<i>Product Name:</i>	<i>Commercial Umbrella</i>		
<i>Project Name/Number:</i>	<i>TRIA 2007 Forms /LUMF-CW-001-08</i>		

Rate Information

Rate data does NOT apply to filing.

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First Filing Company: Liberty Insurance Corporation, ... State Tracking Number: EFT \$20
Company Tracking Number: LUMF-CW-001-08
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Product Name: Commercial Umbrella
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Supporting Document Schedules

Satisfied -Name: Expedited Filing Transmittal **Review Status:** Accepted for Informational 02/22/2008
Purposes

Comments:

Attachment:

Expedited Filing TransTerrorism F-R.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) All

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Liberty Mutual Insurance Company	MA	23043	04-1543470
Liberty Mutual Fire Insurance Company	WI	23035	04-1924000
LM Insurance Corporation	IA	33600	04-3058504
The First Liberty Insurance Corporation	IA	33588	04-3058503
Liberty Insurance Corporation	IL	42404	03-0316876

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Michelle Skidmore PO Box 8070, Wausau WI 54402-9987	877-792-8728 Ext: 3203	715-842-6828	michelle.skidmore@wausau.com

Filing information

Line of Insurance (see attachment)	17.0 Other Liability-Occ/Claims Made 17.0020 Commercial Umbrella/Excess
Company Program Title (Marketing title) (if applicable)	NA—Adoption of ISO TRIA forms and policywriting rules—premium determination rules previously filed by company and on file with state
Filing Type ** see note below	Form/Rule
This application is used with:	Commercial Umbrella/Excess Liability Policies
Effective Date Requested	Upon Approval
Filing date	02/14/2008
Company Tracking Number	LUMF-CW-001-08/LUMR-CW-001-08
Date filing approved in domiciliary state, if applicable	NA

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Revised Terrorism Forms and Rules in Response to the Terrorism Risk Insurance Program Reauthorization Act of 2007	NA	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

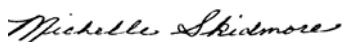
To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Michelle Skidmore

Print Name:

State Filing Analyst

Title: